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Meaningful Progress: Illinois family physicians achieve EHR Meaningful Use Stage 1

As of January 2012, nearly 21,000 eligible providers nationwide have received Medicare Electronic Health Records Meaningful Use (MU) Stage 1 payments. Nearly 4,900 of them are family physicians, making family medicine the specialty with the most providers to achieve MU Stage 1. In Illinois, 1,319 EPs have received stage 1 MU payments. IAFP spoke to members in various practice settings who have attested to Medicare or Medicaid Meaningful Use requirements. Hopefully their perspectives will inspire other members to finish or start their own journey to electronic health records meaningful use and the payments that come along with this advancement.

The Group Practice
Metrodocs, SC in Mount Prospect has seven family physicians, including a former IAFP Family Physician of the Year (John Sage, MD) and a current member of the IAFP's Practice Transformation Committee, Stephen Sproul, MD. Three of the physicians have attested to Medicare Meaningful Use. The practice adopted an EHR system in 2006.

Dr. Sproul is also the Director of Electronic Health Records for Advocate Physician Partners (APP); leading the effort to help up to 2,400 non-employed Advocate Physician Partners physicians implement EHRs and achieve meaningful use incentives. Through their outreach program, 45 physicians have attested Medicare another nine are in the Medicaid attestation process. APP has Meaningful Use teams certified in eClinicalWorks that walk practices through the entire process getting to and attesting for meaningful use.

Of the practices that APP has helped, nearly all of them are 1-2 physician practices and most are on eClinicalWorks. Advocate offers incentives to get those practices on the eClinicalWorks platform. Sproul reports that the Advocate Physician Partners outreach is going well. "Early adopters were amenable to our help. Now those who chose to 'wait and see' are starting to come around."

The Metrodocs experience began when they installed their eClinicalWorks version 9 last summer. "There were a number of functionalities that allowed us to record smoking status and alcohol screening status, depression screening, tools that were very useful," says Sproul. Just those tools "probably transformed my practice in terms of consistency providing those screenings."

Ellen Brull, MD of Niles is one of many family physicians who have received Stage1 incentive payments.

As a practicing family physician, what are Sproul's priorities for 2012? Looking at the next full 12-month period to attest, he sees functionalities that they can take better advantage of, such as clinical decision supports and some population health management tools, to serve patients with COPD and diabetes. He hopes they can become more proactive in getting them in and working with them. "We knew [the tools] were there, we need the time and effort to use them, especially as we move towards being valued-based on how to care for a population. We need to query the system to find out who isn't getting services they need."

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President's Message

Michael P. Temporal, MD

I had the wonderful opportunity to represent IAFP at two AAFP regional meetings in February. First, board chair David Hagan, MD and I traveled to Dallas for the Multi-State Forum, which brings together AAFP chapters from across the south central and southwest regions for a 24-hour power meeting. Each state chapter presents highlights on their 2011 government relations issues, best chapter practices and their plans for 2012.We were able to share the many successes IAFP had in advancing and defeating state legislation in 2011, as well as our current ongoing efforts to shape health care transformation and Medicaid reform in our state.

The following weekend, Dr. Hagan and I were at the Ten State meeting in New Jersey. IAFP has long been a member of this group of chapters that spend three days sharing best practices and learning the latest from AAFP. The conference kicked off on Friday evening with a keynote presentation by Paul Starr, renowned Princeton professor and winner of the Pulitzer Prize. He discussed the peculiar American struggle over health care reform through the decades in his new book, *Remedy and Reaction*. All chapters shared reports on some topic of relevance that transpired in 2011. The Illinois chapter highlighted our leadership and governance. The remainder of the conference focused on continued transformation through PCMH and family medicine leadership in times of great change.

I love these opportunities to get the pulse of family medicine around the country. It was really exciting to hear what's going on in these states. The

take home message for me is that the issues we are dealing with in Illinois are quite similar to those that the other chapters are confronting.

One issue where Illinois is leading the way, is our strong efforts and results on tobacco legislation, including our solid Smoke Free Illinois law. Many other states are still trying to get those laws in place. At the end of February, the Indiana legislature again failed to pass a comprehensive smoke-free law, despite the consistent and tenacious efforts by the Indiana Academy and their partner organizations. Indiana's new law will exempt bars, casinos and private clubs. Meanwhile Illinois has successfully beaten back attempts to exempt casinos from our law and a bill to allow municipalities to issue a preposterous "smoking license" to bars. This year, we are pursuing legislation increasing taxes on other tobacco products and "roll your own" cigarette machines.

I think it's wonderful that so many states are working on medical home demonstration projects. I was proud to share our story in Illinois, where we have a well-orchestrated program called the Practice Improvement Network (PIN), and we are actively reaching out to members to reap the benefits of our project. Other states have become the key medical home pilot project implementers for their state, recruiting member practices to participate in larger medical home movements. Many states are developing and sharing a range of CME products to educate members on PCMH principles.

And we are seeing the needle begin to move even further. Here in Illinois, 2012 has started with a tremendous boost in the number of NCQA-recognized Patient Centered Medical Homes. As of February 29th, 446 providers or practices have received NCQA recognition, up from less than 100 a year ago. Not only is this movement good for patient care, these practices are already positioned to participate in medical home demonstration projects or other future payment systems that reward providers for comprehensive, team-based, coordinated care.

As the cover story of this issue indicates, our members are forging ahead with electronic health records and reaping the benefits of meaningful use attestation. Just two years ago, AAFP was actively working with the Office of the National Coordinator of HIT to establish meaningful use requirements that were effective in improving care outcomes, achievable for primary care providers, and a fair system for attesting and qualifying for those vital payments. Some of our members' success stories are chronicled in this issue.

I am a regional medical director for Southern Illinois Healthcare Foundation (SIHF). We have 130 providers at more than 30 locations. And in the next few months, we are expanding to even more sites. Part of the reason we can continue to grow, is because we are implementing electronic health records to coordinate patient care across providers and sites. SIHF is part of the Illinois Health Information Technology Regional Extension Center (Illinois HITREC). SIHF is working on achieving meaningful use designation for our clinics and is helping other clinics to achieve meaningful use, too.

My perspective from the SIHF experience is that rural practices almost

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IAFP News

(Cover story, continued from page 1)

Advocate's system interfaces to ACL labs, to the Advocate hospitals and to the I-CARE immunization registry. Currently they can get results from the hospital settings, such as discharge summaries and radiology. The main support Metrodocs needed was the interface with I-CARE.

The next step will be setting up enterprise-wide health information exchange so sites can view patients' records directly, rather than waiting for someone to securely send them, for any patient in Advocate's system. Sproul is also thinking about PCMH recognition, saying "it might be time to have that conversation again."

Naomi Parella, MD joined Metrodocs after completing residency at Advocate Lutheran General in 2010. She estimates that she probably used eight different EHRs in the course of her training. Her journey to meaningful use was combined with just getting used to practicing in a new place. "I was really focused on taking care of the patients, learning the system and the office. Now I can use the system to check insurance and drug formulary information on the spot."

Parella likes to see where she is doing well and where she can improve. "Most of the meaningful use measures such as checking BMI are intended to make sure you don't miss important things. From my training, those measures are standard. So it was a habit from the start."

Her frustration with the process relates to patient education. "I created a handout for my patients. But the problem is, I can't put it in the EHR so it can count as meeting the patient education requirement."

JOEL KRAGT, MD

"I think it was worth it (attestation) because we were essentially doing almost everything already anyway. So attesting only took a small amount of extra effort." Dr. Kragt likes the portability of EHR. "It's nice to be able to access from home – although sometimes that might be a disadvantage."

Metrodocs also has a patient portal, allowing patients to send encrypted emails any time of the day for refills and appointments. Patients can check their own lab results and access certain parts of their chart. "Part of it I think is symbolic. Patients look at it as being on the cutting edge and that we are practicing good medicine."

He likes the preparation that he can do on the EHR before seeing the patient so he types very little during the visit. "I try to have everything ready before I go into the room and finish after. Basically I try to just do the treatment plan and prescription in there without doing a lot of charting in front of the patient. I think it makes me a better doctor. My overall charting time has improved with the use of the templates."

"My hope for the future is that EHR will be more patient-oriented. Right now it's very doctor-oriented and all on my computer. It would be nice if someday [patients] would have a chip or a card with all the information they could take with them place to place. The problem is we'd need standards so the information could be used from system to system."

The small, but affiliated, practice

Family Medicine Associates of Lutheran General in Niles is a three-family physician practice affiliated with Advocate Physician Partners. Ellen Brull, MD is a past-president of IAFP. Her partners, Deborah Geismar, MD and Jane Bang, MD have all attested to Medicare Meaningful Use. About one-third of the practice is Medicare patients.

As a long-serving IAFP leader, Brull was active in creating and pushing for legislation to bring electronic health records and health information exchange into the state's priorities several years ago. Now, many of those tenets are becoming reality. Their practice was a pilot for Advocate and tested a previous EHR system several years ago before Advocate selected eClinicalWorks works. When they upgraded from version 8 to 9, they received training to help them meet the Meaningful Use requirements.

So what's different now for the practice? Brull says with meaningful use, it's easier to document patient education steps. "We had a lot of paper handouts that we had to document and incorporate into our EMR. Now it's 'check a box and print it out,' along with patient visit summaries and transition of care."

Brull also gives credit to the drug formulary as really helpful to prescribe the right medications covered by the patient's insurance. Being able to interface with I-CARE will be very important so providers know which patients have received a vaccine in any setting, and which have not. Finally, their patients have better access to their own health information. "For patients to have digital access is a top priority for us. A lot of patients are using their new [patient] portal and it's going well."

What's not easier yet, is transition of patient care across settings because there is no information exchange yet. They are a pilot practice for Advocate for Synapse which will allow all Advocate providers to transmit patient information electronically. "I think it's pushing us in the right direction, but we're not fully there yet. In order to get credit you have to do a little more. I think it's going to be good for patient care. But I think the health information exchange is crucial. A physician can have their own great EMR but if they can't communicate with the outside world it's really worthless. "

Although they had the help from Advocate Physician Partners, Brull agrees that small practices can meet the requirements. "I know independent practices that have done it on their own, so you can do it."

The Independent Practice
Spectrum Family Medicine, SC
Naperville
Elizabeth Pector, MD

Dr. Pector was an early adopter of EMR with SOAPware in 2005. She adopted eClinicalWorks in 2009 then upgraded in December 2010. Pector took advantage of education and training opportunities offered by the software vendor, attending a conference along with several staff. Some staff also attended a Chicago-area "Meaningful Use Road Show" in Spring 2011. By June, the practice was ready to attest.

Money talks in the decision to attest, as Pector has long believed that physicians deserved to be compensated somewhat for the large investment they made in adopting the technology, including hardware, software, upgrades and training.

"Many of the things that are required for meaningful use are good practices to have anyway. " Pector cites being able to communicate securely with her patients through her portal, including many of her older patients. She thinks it's important for patients to be able to access their health information and reinforce the discussions they had in the office. The EHR is also valuable when patients call the office and speak with the triage nurse, who can have all the patients' information readily available during the call.

It also enables Pector to stay connected to her practice. She sets aside an hour a day during her vacations to stay informed on her patients while she's away. "It still gives me 23 hours a day to play." She says it's definitely worth adopting the technology, even if the tedious efforts of learning where to click in all the right places can be frustrating. And with a relatively low volume of Medicare patients, it took several months for her to see enough patients to attest. Her goals for 2012 include establishing the interface with I-CARE.

Medicaid Attestation
Illinois' Medicaid has been slower to implement the meaningful use incentive process. Eligible providers who met the requirements were able to register with the system in fall 2011 and begin attestation in November. As of early

March nearly 1,800 eligible providers had successfully attested.

Prairie Family Medicine's Benjamin Brewer, MD of Forrest has successfully attested to Medicaid Meaningful Use. Brewer first started with Practice Partner in 2004 and remains on that system. The local hospital and the other affiliated practices are on NextGen, but Dr. Brewer won the concession to stay on his current system. As an early adopter of EHR, he feels that while the meaningful use money is nice, it doesn't come close to meeting the financial investments he's made over the years in hardware, software upgrades, support services and more.

Prairie is also one of the pilot practices in the IAFP PIN small practice pilot program. In achieving meaningful use attestation, Brewer and his office manager Dawn Kestner relied on the assistance of their Practice Improvement Network Coach, North American Healthcare Management Services. Brewer reports 37 percent of his practice is on Medicaid, while the number is closer to 50 percent for his partner.

One concern he has with meaningful use is that sometimes all the minutiae of data collection doesn't mesh with the human side of primary care. "There are other ways to define quality primary care beyond checking boxes and entering numbers in fields," he said. He's a believer in electronic health records and the technology, but worries about the possibility of the technology being used to limit physician decision making in the name of controlling costs.

He also sees the inequality of costs for early adopters versus those who may now be implementing systems for the first time. "It's easier to manage change in these newer web-based platforms," he says. "Those of us with servers have had to pay for system and software upgrades all along. Those costs really add up."

One of those providers is Andre Dejean, MD of Chicago, whose Dejean Wellness Center solo practice installed the web-based product e-Healthline as their electronic health record in September 2011, to get on a product that was certified by the ONC. Fortunately for Dejean, transferring all the information from his prior system to e-Healthline was pretty seamless.

Dejean Wellness Practice Manager Lolita Cleveland says that the Chicago Regional Extension Center (CHITREC) was extremely helpful, in teaching them what meets meaningful use and how to implement those requirements into daily office practice. Starting April 1, they plan to start a 90-day reporting period on their patients with diabetes.

Cleveland's strongest advice for small practices that are ready to jump into the meaningful use pipeline - have a strategic plan in place for implementing your process in segments. "Once you get the system, train your staff and then put the right people on your staff in charge of a part of the process," she advises. "Decide what you need most and do that first. Have a staff member get proficient in that area and then train the rest of the staff." They had one medical assistant working on the process of capturing the right information for meaningful use, another is working on the patient portal, and another is working on the patient check-in and check-out process.

Next for Dejean Wellness, they are planning to launch their patient portal in April. When asked how they will use their meaningful use payment once they receive it, Cleveland says they will pay off their EHR costs and then purchase a signature pad to capture patients' signature electronically, and also a system allowing them to accept credit card payments.

Electronic Health Records Resources:
EHR Incentive Program Registration site (start here for Medicare and Medicaid) – http://www.cms.gov/EHRIncentivePrograms/

HITREC Attestation guide available on www.iafp.com/pcmh under "resources"

AAFP Family Practice Management article on meaningful use from September/October 2010.

IAFP announces 2012 AAFP candidate Javette Orgain, MD, MPH is running for re-election as Vice-Speaker

The Illinois chapter is proud to support Javette C. Orgain, MD, MPH of Chicago as a candidate for AAFP Vice Speaker of the Congress of Delegates. The vice speaker helps run the Congress of Delegates, manages and implements bylaws changes, and also sits on the AAFP board of directors. Orgain was elected to the position at the 2011 Congress of Delegate in Orlando.

"I believe our Congress should and has functioned as a marketplace of ideas from all across family medicine," says Orgain. "It is indeed our responsibility to be clear about what AAFP stands for and what AAFP stands against." Resolutions passed by the Congress must make their way through the Commissions and to the AAFP Board of Directors. The Speaker and Vice Speaker monitor the advance of these mandates and report their progress back to the delegates.

Born and raised in the inner city of Chicago, Javette is the face of success and hard work. As medical director for Mile Square Health Center, she continues to live and work in Chicago with a focus on access to care, eliminating health disparities and supporting the development of a strong family medicine network in Illinois.

Dr. Orgain served as IAFP president in 2009, the first African American president of our chapter. During her presidency, she became the face and the voice of IAFP's support for federal health care reform. She made visits to Capitol Hill and kept the voice of family medicine in the ears of all Chicago congressmen and women. The day after the Patient Protection and Affordable Care Act passed in 2010, a photo of Dr. Orgain caring for a young patient graced the front page of the *Chicago-Sun Times*.

"Over the years, our AAFP Congress has transformed into a more efficient governing body. We have worked to find the delicate balance between the concerns of individual members and the needs of our collective membership," says Orgain. "The critical work of the Congress is to do this fairly and wisely."

The AAFP Congress of Delegates will meet October 15-17 in Philadelphia. Illinois members who register for AAFP Annual Scientific Assembly will be invited to all candidate events and we hope to see you there to support our outstanding candidate.

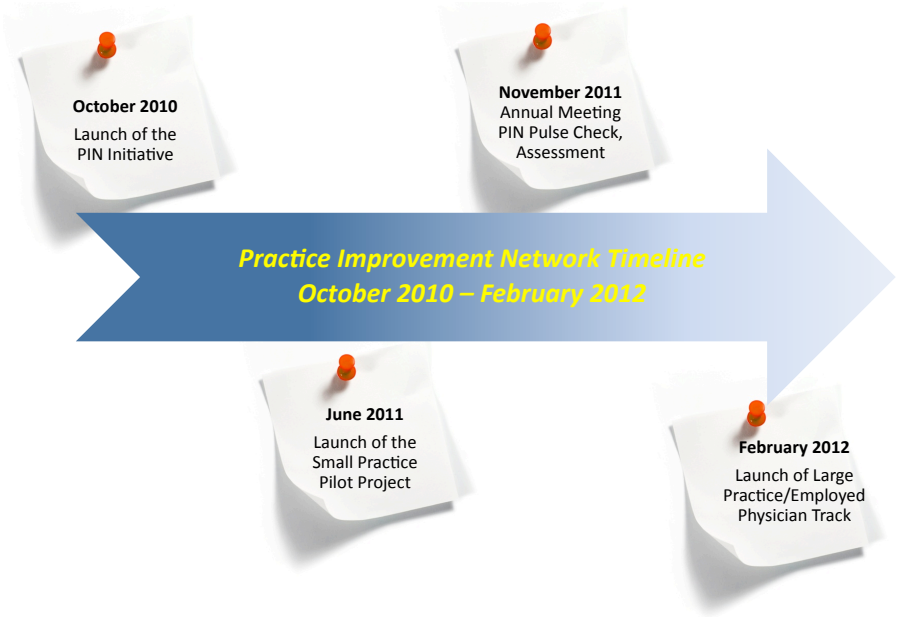
(Presidents Message, continued from page 2)

have it easier, because they don't have as many hospitals, pharmacies and competing labs to communicate with or as much variation in provider networks and practice styles as you might see in an urban setting. There is a built-in consistency that brings efficiency to the EHR implementation process. Illinois providers also have the Illinois Health Information Regional Extension Centers (IL-HITREC,) which provide the help that any practice needs to implement EHR and fulfill the requirements of meaningful use.

Family medicine is full speed ahead into this new era of health care delivery, built on the foundation of quality primary care. We are family physicians, providing the best care for all people of all ages. I encourage you to log on to www.aafp.org and enter the TransforMED Delta-Exchange. In the Illinois PIN Zone, you'll find a place to share your story of practice transformation or post your own questions or thoughts on the Electronic Health Records Meaningful Use process and learn from those who have blazed the trail. For those who have attested to Stage 1, congratulations to you and good luck on Stage 2!

The PIN project – one year later

The Practice Improvement Network (PIN) is the IAFP initiative designed to help members achieve patient-centered medical home clinical and management practices. Coaches, educational materials, and online tools are available to help practices implement processes and products that help them manage their practice.The overarching goal of the PIN is to improve the health of the population; enhance the patient experience including quality, access and coordination; reduce unnecessary costs; and control per capita cost of care. To support that goal, IAFP created the PIN page on the IAFP web site at www.iafp.com/pcmh to serve as a member library of resources and links to even more medical home education and tools.



February 2011
The IAFP announced the Practice Improvement Network initiative in the IAFP annual report mailing to all active members. The PIN's goal is to help any IAFP member further meaningful healthcare transformation at the practice level. The PIN even offers a pilot project for small practices, uniting them with coaches and resources to help these family physicians build successful, sustainable medical home models.

IAFP continues to enure that each issue of *Illinois Family Physician* highlights a topic of health care transformation – ensuring that all members have the opportunity to access medical home and health care reform information tailored to the unique needs of the family physician.

Summer 2011
The PIN project takes shape and begins to plant roots throughout the Academy's activities. The small practice pilot enrolls its first practices, each with a maximum of eight physicians, and at least one IAFP member. The IAFP matches each practice's $2,500 investment dollar for dollar to join the pilot. Each practice completes the TransforMED Medical Home IQ tool, and chooses a practice management coach to help them determine the best opportunities for improvement, and outline an action plan for making those changes.

The IAFP conducted interviews with the pilot small practices to gauge the specific needs and challenges of managing a practice. The pilot practices also gathered via webinar to meet the PIN coaches and select the one that best met their transformation goals. In a second webinar, the providers learned how to implement Plan-Do-Study-Act (PDSA) cycles and made plans to implement a smoking cessation PDSA in their practices.

The first member-wide IAFP PIN CME webinar was held in October. Brenda K. Fann, MD shared the model that Rush-Copley Family Medicine Residency Program used to implement Same Day Sick Visits, also known as open-access scheduling. This concept is truly integral to providing a patient-centered medical home, ensuring your patients can get the care they need at your practice, when they need it. PIN education sessions are available to all IAFP members – on the PIN page and through the IAFP PIN Zone on the TransforMED Delta Exchange, which any member can access from the www.aafp.org home page. PIN "Lunch and Learn" webinars are scheduled every month in 2012 on a different PCMH topic.

November 2011
IAFP's Annual Meeting provided the first face-to-face opportunity for the pilot practices to meet, update their progress and share experiences with a larger group. Additionally, they had dedicated "work time" with their personal coaches to catch up and plan next steps. Meanwhile the PIN program was shared with all meeting attendees, and several of the practice

management CME sessions were straight from the PIN playbook.

After a project review by the IAFP Practice Transformation Committee at the annual meeting, IAFP re-evaluated the small practice pilot project of the PIN. While many members philosophically agree with transforming their practices towards a patient-centered medical home model, small and solo practices perceive barriers to participation in the pilot. The most commonly cited obstacles were the $2,500 price tag and a hesitation to take on another initiative, due to time demands on physicians and practice managers already working to meet other requirements.

The 2011 IAFP member survey also revealed a 20 percent increase in members that are now in an employed model or affiliated with a hospital or health system. The IAFP will maintain small practice resources for currently enrolled practices, but explore options for mid-size and large practices as well as resources for employed physicians.

The PIN Program in 2012

Snapshot of a Pilot Small Practice: Nandra Family Practice, offices in Plano and Oswego.
Member Mukhtar S. Nandra, MD and his father "Sony" Nandra, MD, an internist; have been working with coaches at Health Directions, LLC in Oak Brook. After the initial practice assessment, new procedures have improved practice operations. They now have bi-weekly staff meetings to discuss practice initiatives and any other identified issues. Same day slots have been added to the appointment template and patient preferred providers are being captured in the system. Staff now attempt to schedule appointments with the preferred provider whenever possible. The same day sick slots have increased patient and physician satisfaction and decreased wait times.They also conducted a rapid cycle PDSA for smoking cessation from October 24 to November 16, 2011. Prior to the PDSA, the practice began gathering the smoking status of their patient population. The practice has captured the smoking status for over 80% of patients over the age of 13. This served a dual purpose, since it is also an electronic health records meaningful use requirement. Additionally, physicians began distributing smoking cessation literature to patients that stated they are current tobacco users. During the PDSA, 23 educational brochures were distributed to patients. The practice identified their next clinical PDSA topic as diabetes management.

Meanwhile, two other original pilot practices have attested to Medicaid Meaningful Use Stage 1 and are awaiting their first payment from the state (see page 5). Benjamin Brewer, MD at Prairie Family Medicine in Forrest, and his practice manager Dawn Kestner worked with their PIN coach, North American Health Management Services, to successfully attest. Andre Dejean, MD of Dejean Wellness Center in Chicago utilized the services of the Chicago Health Information Technology Regional Extension Center (CHITREC) to successfully attest to Medicaid Meaningful Use as well. Practice Manager Lolita Cleveland reports that they are working closely with their PIN coaches at Health Directions to improve their office processes, from patient check-in to their check-out experiences. They are also working on a patient portal, scheduled to launch April 1.

IAFP now offers a new mid-size and large practice track to accommodate a wider spectrum of members in the practice PIN project. Should YOUR practice be in the PIN pilot project? Look over the activities available for small and larger practices below. For more information or to enroll your practice, contact Helen Kate Liebelt at hkliebelt@iafp.com or 630-427-8008.

Track I – Small & Independent Practices (8 or fewer physicians)
- Staff training and leadership development training
- Billing/Coding Support
- Vendor/Service provider negotiation support
- Meeting EHR meaningful use criteria
- Meeting requirements for PCMH recognition

Track II – Mid-Size & Large Practices (9-50 physicians)
- Staff training and leadership development training
- The "business" of running a large practice
- Accountable Care Organizations and strategies for interacting with leadership/management teams at hospitals
- Vendor/Service provider negotiation support
- Meeting EHR meaningful use criteria
- Meeting requirements for PCMH recognition
- Successful integration and implementation of technology

Family Health Foundation of Illinois

Save the Date!
IAFP Foundation's favorite annual fundraiser
Tuesday July 24th at 7:10 p.m.
White Sox vs. Minnesota Twins

Doesn't matter if you're a Sox fan or Cubs fan – we're all fans of family medicine!

Each ticket you purchase means a tax-deductible $15 donation to support the Foundation.

Tickets are only $35 each (less than face value!)

Our LOWER BOX seats are in sections 148-149 on the third base line.
An order form is available at www.iafp.com!
Questions? Contact Ginnie Flynn at 630-427-8004 or gflynn@iafp.com

IAFP Awards Nominations are Now Open

IAFP has nearly 2,600 active family physicians. Chances are you know someone who should be considered for the IAFP Family Physician of the Year or one of our IAFP Family Medicine Teachers of the Year.

The nomination forms are on the IAFP website at www.iafp.com/pr.
Family Physician of the Year (due June 1).
Family Medicine Teachers of the Year - You can nominate an employed or volunteer family medicine educator (due June 30).
Nominations for all IAFP awards must include a letter of support explaining why you are nominating that member.

What are we looking for?

The Family Physician of the Year Award recognizes a physician who

- Provides patients with compassionate, comprehensive and caring family medicine
- Is directly involved in community affairs and activities to enhance the quality of the community
- Provides a credible role model professionally and personally to other health professionals, and residents and medical students
- Can effectively represent IAFP and the specialty of family medicine in the public arena
- Exemplifies the family physician's leadership role improving the health of our state.

Each candidate must:

- Be in active practice.
- Spend at least 50 percent of his/her time in direct patient care.
- Be an IAFP member in good standing.
- Be board certified in family medicine.
- Be in practice at least five years since completing residency training

Teacher of the Year Awards
IAFP will present *two* Family Medicine Teacher of the Year awards; recognizing two family physicians that have made outstanding contributions in the area of teaching family medicine.

- One honor will recognize an employed family physician (full or part time).
- One will honor a family physician who teaches medical students, residents or active physicians as a community-based volunteer.

Candidates must:

- Be an IAFP member in good standing;
- Teach in either an academic and/or practice setting;
- Have continuous active involvement in formal family medicine education at either the medical school, residency or post residency (i.e. CME) level for at least two years;
- Be actively engaged in direct patient care;

All award winners will be honored at the IAFP Annual Meeting awards banquet on Friday, November 9th at Eaglewood Resort in Itasca. You can read about the 2011 IAFP award honorees in the November 2011 issue of Illinois Family Physician.

Government Relations

Saving Medicaid in Illinois

The Medicaid budget, currently at $14 billion including federal dollars, is a perennial challenge. The current state contribution is $8.6 billion, but Illinois has repeatedly paid some of the costs out of future budgets, contributing to a buildup of late payments to doctors, pharmacies and nursing homes. The backlog of unpaid Medicaid bills is expected to reach $1.8 billion by the end of this fiscal year, and it will take even longer for doctors to be paid. According to a recent Civic Federation report, the projected backlog could reach $21 billion by the end of fiscal year 2017 — even with an assumption that the state appropriation for Medicaid would increase by two percent annually. And to make matters worse, this results in a $2.7 billion structural deficit –or about 23 percent of HFS Medicaid program liability of $11.5 billion. This $2.7 billion is gross, which means that it includes the federal match and therefore, all liability and spending reductions are also gross.

After Gov. Pat Quinn's budget address, briefings were held by numerous state agencies, including, the Dept. of Healthcare and Family Services (HFS). Director Julie Hamos laid out a "menu of possible options" where cuts and reductions could occur; which included the following:

- Changes in Medicaid eligibility, where not otherwise prohibited by federal law
- Elimination of optional services –or utilization controls to better manage use of services
- Cost-sharing by clients
- New policies/reforms to redesign service delivery
- Rate reductions for all providers (up to 9%)
- Medicaid transformation, with longer-term fiscal impacts

These were enumerated in detail in her presentation, which is available online at:
http://www2.illinois.gov/hfs/agency/Documents/022212_presentation.pdf

As unappealing as this menu may be, the total savings for ALL options listed still falls short of covering the deficit! The Administration intends to work with the General Assembly for the remainder of the legislative session to create a package of cost reductions that achieves balance in a bipartisan effort and brings the Medicaid program back from the brink of collapse.

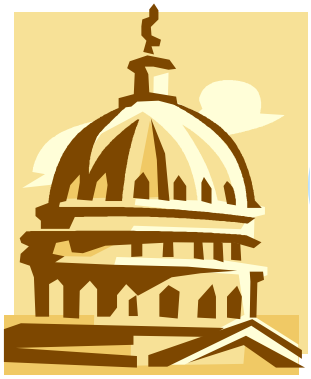
To that end, a 12-member bipartisan Advisory Committee on Medicaid was created last fall, charged with studying public health care and making legislative and administrative recommendations regarding the progress of Medicaid reform, among other duties. The Advisory Committee will share its legislative and administrative recommendations with the President of the Senate, the Speaker of the House of Representatives, the Minority Leader of the Senate, and the Minority Leader of the House of Representatives. Three members from each caucus were appointed to the advisory committee, and it's anticipated that they will work most closely with Director Hamos and HFS toward a solution.

What more can be done? Mandatory Managed Care is not the answer.
Family physicians and pediatricians participating in Illinois Health Connect have functioned well with Medicaid using the primary care case management model (PCCM). IAFP and ICAAP have been enthusiastic participants in the PCCM, and believe in its inherent ability to provide high-quality care while saving money. Despite its quality outcomes and realized savings, PCCM in its current form will not exist in 2013 as the state moves to mandatory managed care. In fact, a soon-to-be-released study will show that Illinois Health Connect realized savings of up to 6% over four years to the Medicaid program, along with high patient and provider satisfaction. So much bipartisan pressure has been placed on short-term savings and immediate results in Medicaid that the current PCCM system has been put on the chopping block. We believe that throwing the proverbial baby out with the bath water is not the solution and will only bring unneeded chaos to patients and providers. Illinois Medicaid needs to build on what's working. Illinois Health Connect providers and patients are satisfied with the program's structure and results. A coalition of providers and advocates is supporting legislation that would allow the PCCM model to be considered a "care coordination entity" moving forward and thus enable an "enhanced" Illinois Health Connect to work alongside managed care organizations.

We want to hear from you - Tell us what you think …
How does this impact your practice?
If you participate in Illinois Health Connect, how will you transition your patients to a new system?
What is state government's role?
What is IAFP's role?

Submit your comments to Gordana Krkic, CAE, IAFP Deputy Executive Vice President for External Affairs at gkrkic@iafp.com. IAFP staff is here to represent and advocate on your behalf. Help us convey your questions and concerns.

Under the dome



At this writing, the Illinois Primary Elections dominate the headlines. We won't make any election predictions in this article; but we know the General Assembly in 2013 will have many new faces! All seats are up for election: 118 House seats, 59 Senate seats, and 18 Congressional seats. Since this is a re-map election, which occurs every ten years after the Census when districts are re-apportioned, many legislators find themselves running in new territory or against another sitting incumbent. To date, 15 incumbents will not seek re-election, six incumbents will seek another office, and 22 incumbents have primary challenges. In addition, there are 48 open state legislative seats. Our lobbying firm, Cook-Witter, Inc. estimates that there may be 50-60 "new" faces after the general election on November 6th.

As much as this is a time of great change, it is also a time of great opportunity. The newly elected officials will need to hear about family medicine from YOU! Our volunteer leadership, the Government Relations Committee members, and IAFP Board of Directors invite you to join them on any scheduled grassroots visit in the late summer and early fall. If you already know your elected officials and would like additional IAFP representation at a meeting, we are ready, willing and able to attend. Please look to IAFP's e-News and website for more details as they become available mid-summer.

With all of the attention focused on re-election, activity in this spring legislative session is just now picking up speed. The deadline for all House and Senate bills to pass out of committees was March 9th. Cook-Witter is tracking more than 135 bills for IAFP, and one-quarter of those have already been amended – some up to three times. With each amendment, the review begins anew and with each step in the legislative process, it becomes harder to pass a bill and easier to kill one. The next major hurdle is the Third Reading deadline on March 30th. By then, bills must pass out of their respective chamber.

The following synopses highlight the range of bills IAFP is involved in that are important to family physicians and/or their patients. You can click on the bill's link or go to www.ilga.gov and search by the bill number to check if your senator or representative is a co-sponsor.

IAFP successfully opposed **HB1310**, which would allow municipalities to grant "smoking licenses" for bars. The billed failed in a House vote on Feb. 28.

IAFP opposed **HB3812** which, as introduced, provided that prior to providing care to a person, a health care professional or health care provider shall verify whether that health care professional or health care provider is in the network of participating providers whose services are covered by the person's policy of accident and health insurance and shall notify the person of this information. This undue burden on the provider was somewhat relieved with an amendment which states, "When a person presents a benefits information card, a health care provider shall make a good faith effort to inform the person if the health care provider is not a participating provider with the insurer, health maintenance organization, or other entity identified on the card." The bill passed out of committee and is moving through the House.

Two bills giving physical therapists direct access without referral have been held and will be discussed over the summer. IAFP opposes **HB4478** and **SB2821**.

(continued on next page)

HB 5105 provides that a supervising physician shall determine the number of physician assistants under his or her supervision provided the physician is able to provide adequate supervision as outlined in the written supervision agreement and consideration is given to the nature of the physician's practice, complexity of the patient population, and the experience of each supervised physician assistant. The current ratio in Illinois is 2:1. Other states vary from no ratio to up to 6:1. This bill is being held in rules while negotiations continue.

As in years past, there are numerous bills expanding scope of practice such as: psychologists and pharmacists prescriptive authority; and changing "podiatrist" to "podiatric physician." IAFP is closely monitoring, supporting, or opposing this type of legislation based on AAFP policy. Ultimately, many scope issues will not exist in a highly functioning patient-centered medical home, where care is coordinated and every member of the medical home team practices at the top of their license.

Health care professionals and providers united to oppose **HB5823**, which would repeal the right to pursue collection of reasonable charges for services provided to an injured person by limiting the amount of any lien to a reimbursement rate established by the injured party's health insurance company, even though this insurance company is not responsible for paying the claim. Unfortunately, this bill passed out of committee and is moving through the House.

IAFP supports the following bills

As mentioned earlier, mandatory managed care will replace the primary care case management model for Medicaid in 2013. **HB4620** and **SB3326** would provide that the Department of Healthcare and Family Services' current primary care case management program be considered a care coordination program. This initiative is supported by primary care providers and spearheaded by the Illinois Chapter of the American Academy of Pediatrics. Both bills have been held, as all Medicaid are being addressed through the Advisory Committee on Medicaid.

HB4968 requires all Illinois hospitals that provide birthing services to adopt a policy that promotes breastfeeding using guidance provided by the Baby-Friendly Hospital Initiative. Hospitals are also required to share this policy with staff in the obstetric and neonatal areas on a regular basis. IAFP helped to develop a Physicians' Statement on Breastfeeding in 2011. This bill passed out of committee and is moving through the House.

SB3413 requires a retailer of cigarettes or tobacco products to obtain an annual $250 retailer's license from the Department of Revenue. Tobacco retailer licensing is an important part of any effort to reduce youth access to tobacco products. More than 70 municipalities in Illinois have a license provision. Thirty-eight states require all tobacco retailers to have a license. Unfortunately, this bill has been placed in subcommittee and may not be acted upon during this session.

Sen. Kyle McCarter would like to create the Alternatives to Medical Malpractice Litigation Task Force with **SB3554** which provides that the task force shall study and report on alternative processes in which medical malpractice complaints may be pursued and presented in Illinois other than proceeding directly to litigation in the Illinois court system. It further states that the task force shall submit a final report of its findings and recommendations to the General Assembly and the Governor by January 1, 2013. Unfortunately, this bill remains in committee.

Time to renew the Medical Practice Act already? Unfortunately, the General Assembly passed a one-year renewal last year. Although bills have been introduced to extend the MPA to 2021, one of them has already failed in committee. We believe any legislation addressing the Medical Practice Act will ultimately be considered in the eleventh hour and at best, during Fall 2012 veto session. Stay tuned.

All of these bills are still in their originating chamber, which allows more opportunities to support, oppose, monitor, or amend them as they move through the legislative process. For updated status on any of these bills, please visit http://ilga.gov. If you would like more information on IAFP's legislative tracking and activity, please contact Gordana Krkic at 630-427-8007 or gkrkic@iafp.com.

Continuing Medical Education

Seeking a SAM? Join us for the next "SAMs on the Road"

At the past two annual meetings, IAFP has presented SAMs workshops that have proven to be a popular service to our members; they sell out quickly every time! To continue to meet our members' needs in their ABFM Maintenance of Certfication (MoC), IAFP now takes SAMs events on the road. Plus we'll again offer a SAMs workshop as a pre-conference event for the 2012 IAFP Annual Meeting on Thursday, November 8th in Itasca.

Why IAFP SAMs? Work on the ABFM's Self-Assessment Module (SAM's) with your peers and get it done more efficiently! Our SAM Working Group offers a convenient and high-quality solution for your busy schedule to complete the American Board of Family Medicine (ABFM) Maintenance of Certification (MoC) Self-Assessment Module (SAM). Each workshop takes you through the 60 core competency questions to determine the correct answers. After the session, IAFP staff will report your answers directly to the ABFM.

Interested in co-hosting a SAM's workshop with the IAFP at your residency program, department, or office? Please contact Kate Valentine, Assistant Vice President of Education & Meetings
kvalentine@iafp.com or 630-427-8000

Register now for the next SAMs on the Road: Carbondale
Sponsored by IAFP & SIU School of Medicine, Department of Family & Community Medicine, Carbondale

Wednesday, May 9, from 12:00 p.m. to 5:30 p.m.
Memorial Hospital of Carbondale *Conference rooms D, E and F*
405 West Jackson Street Carbondale, IL 62902-9000

Topic: Pain Management

Registration Fee: Physicians: $150 Residents: $75 *This fee includes a boxed lunch.*
Registration is required! Space limited to 50 attendees.

Register Now! Go to www.iafp.com/calendar for more information.

IAFP Self-Study CME
Have you checked out the wealth of high-quality CME on www.iafp.com/education?
It's never been easier to obtain outstanding FREE CME on your schedule. The IAFP is committed to producing programs on topics important to Illinois family physicians. Go online now and find 14 different CME self-study modules, each worth at least 1 AMA PRA Category One and 1 Prescribed Credit. The topics covered include: chronic disease management (asthma, COPD, diabetes and more), mental health, caring for our military personnel and families, and quality improvement modules.

Plus, the Academy gives members the opportunity to help develop and deliver our CME programming. Join the IAFP speaker's bureau, find the form on our web site at: http://www.iafp.com/CME/SpeakerBureauJoinForm.pdf.

PIN

Finally don't forget the monthly Practice Improvement Network (PIN) monthly Lunch and Learn Webinars. Each is an hour and addresses ways you can better coordinate care for your patients, improve the delivery of services, and improve efficiencies in your practice.
- March 29th Treating COPD in the Primary Care Practice
- April 26th Breast Cancer Screening and
- May 31st Pneumococcal Immunizations

Michael Fessenden, MD
Class of 2013 and IAFP Treasurer
Home Physicians, Chicago

Why did you choose family medicine?
I grew up in a rural community where I can remember two family physicians that were pillars of the community. When I went to medical school, family medicine wasn't my first thought, but I'd always see those two family physicians when I was home from medical school. When I did my rotations, I learned that I really liked people and I liked being out there and involved.

The greatest thing about being a family physician…
The relationships with the patients and the ability to have people trust you and honestly tell you what is going on with them.

How do you champion family medicine?
There are two ways. One, I believe my practice of taking care of the elderly, we are doing the core foundation of family medicine. [We are] making sure that those who need the services are getting them. We are always looking for new providers. And it's great to find someone in a residency or a medical school who shares the same goals, and is passionate about it. To find those souls and encourage them to continue down that path is a great thing.

What' the best thing about IAFP?
It's the individuals. This Academy is proactive; they engage the members in the communities and bring them in and show them how they can make an impact. I think that says a lot about the Academy as a whole.

How do you balance your practice with your own well-being?
I don't. The trade-off is that I'm now in a position where I put in the hours, but I have little kids. So when I come home, the first three hours are about the family. Then I go to bed! But it's the road I've chosen.

What would you be doing if you weren't a doctor?
I think I would be a high school football coach.

Why home care?
For me, it's serving the elderly and disabled population, who in some places are ignored. In my last position (private practice in Missouri) it was all phone calls and telephonic medicine. But the idea of putting a physician into their home environment, to help the family and provide the support they need. We don't cure cancer and don't need to; we need to make sure the individual is getting the best possible quality of life.

Thoughts on the future of home care?
I think you're going to see a balancing of non-physician home health services which have been misused in the past. There are going to be some people out there who will lose some resources. For home visits as a provider, I think this is a great opportunity because there are thousands of patients across the country that are using emergency rooms as their primary point of care. If we can incorporate the old house call mentality with modern technology, you can do so much more for these people. It's going to impact their outcomes as well as the cost to take care of them.

Dr. Fessenden joined fellow members visiting Congressman Danny Davis during the 2011 AAFP Family Medicine Congressional Conference.

Members in the News

IAFP members care for tornado stricken Harrisburg

An EF4 tornado hit Harrisburg in far southern Illinois around 5 a.m. on February 29 killing seven, injuring at least 100 and leveling homes, stores and churches.

Larry Jones, MD

Steve Knight, MD

Primary Care Group in Harrisburg, (pop. 9100) served as the triage center, helping to care for the injured. **IAFP Foundation Vice Chair and AAFP Alternate Delegate, Steve Knight, MD, and IAFP 2011 Family Physician of the Year, Larry Jones, MD**, and other IAFP members have long served the community. Harrisburg Medical Center was damaged, lost power and had to direct those needing to care to Primary Care Group. A Springfield *State Journal Register* story described their efforts, including interviews with IAFP member **Matt Winkleman, MD** and Dr. Jones.

They spent the day doing emergency triage in their lobby, stitching wounds, giving tetanus shots, and treating broken bones. Their building sustained only minor damage, with some broken windows and damaged siding. Unfortunately a residential area near them was practically wiped out.

IAFP spoke with Dr. Jones that afternoon. He shared an amazing story of a 50-year old woman he treated earlier. She was literally swept out of her own bed, out of her home, and thrown into a ditch –conscious the entire time. She suffered a broken rib and punctured lung, but will be okay. Members who wish to donate funds to the area through IAFP can make a direct donation to the IAFP Family Health Foundation of Illinois, which has up a special account to deliver those donations directly to the local chapter of the Salvation Army aiding the Harrisburg community.

2 Coal Fired Power Plants in Chicago agree to close

Ravi Grivois-Shah, MD

Midwest Generation, a subsidiary of Edison International, will retire its Fisk and Crawford coal plants, two of the oldest and dirtiest coal-fired power plants in the nation. The announcement marks an historic victory for a decade-long grassroots campaign to protect Chicago residents from the harmful impacts of coal pollution. The Chicago Clean Power Coalition led the efforts against these harmful coal plants, and Chicago Mayor Rahm Emmanuel was able to seal a deal with Midwest Generation to close both plants, which was announced on Feb. 29th. IAFP Board Member Ravi Grivois-Shah, MD was an active participant in the effort representing Doctor's Council of SEIU.

"Those of us who serve patients from the communities most affected by the emissions from these coal plants are thrilled that, soon, these threats to the health of the public will no longer exist," said Grivois-Shah in a press release issued by the Chicago Clean Power Coalition. "Not only will this save money from fewer medical visits to doctor's offices and emergency rooms, but this agreement will save lives." Grivois-Shah also appeared in a CBS2-Chicago story that aired on the 5:00 p.m. newscast on Feb. 29.

Members in the News, continued

The Feb. 22nd edition of the *TribLocal Villa Park* spotlighted IAFP public health committee member **Yasmeen Ansari, MD**, who graduated from Addison Trail High School and now provides primary care at nearby Wood Dale Family Medicine. Ansari also provides a program for Addison Trail High School to help overweight and obese students address their weight problem with individual counseling and group sessions.

Thomas Murphy, MD of Pontiac is featured in a patient education story in the Feb. 24th issue of the *Bloomington Pantagraph* discussing the importance of the shingles vaccine for patients older than 50. **Delaney Koehler, MD** provides patient education about the transmission and progression of mononucleosis in the February 1 *Joliet Herald News*.

The *Peoria Journal-Star* recently had two great articles about the future of family medicine.
One featured **Gary Knepp, DO** and his ability to use his osteopathic manipulations to help his osteoarthritis patients with pain relief and improved motion, which can help reduce the patient's reliance on drugs. In a companion article that provides significant patient education about osteopathic medical training, Knepp was announced as the Osteopathic Director of Medical Education and Osteopathic Program Director for the University of Illinois College of Medicine at Peoria family medicine residency. The program received certification from the American Osteopathic Association in late January and is now dually-accredited and looking forward to training more family physicians.

IAFP took our case to the public with a blitz of Letters to the Editor demanding that Congress stop the Medicare Groundhog Day that threatens physicians with payment cuts every few months. Letters from IAFP board members appeared in the *Chicago Tribune* (President **Michael P. Temporal, MD**, *Daily Herald* (Second Vice President **James Cunnar, MD**), and *Champaign News-Gazette* (Board Chair **David J. Hagan, MD**). The letters appeared between January 27 and, yes, Groundhog Day on Feb. 2. Dr. Hagan's letter also appeared in the Feb. 4 *Bloomington Pantagraph* and Dr. Temporal's was in the Feb. 9th *Elgin Courier-News*.

Elizabeth Pector, MD of Naperville was featured in *AAFP News Now* on February 2nd sharing her experience switching to Medicare Non-Participating Status in 2008 and her decision to switch back.

Penny Tippy, MD, program director at SIU-Carbondale family medicine residency program was features as an "Unsung Hero" on WSIL-TV on February 10. She was recognized for her role in training so many of the area's practicing family physicians, as well as launching a community clinic in West Frankfort and a mobile "Care-A-Van" for the schools in Franklin County. Her father was once honored as an Unsung Hero by WSIL-TV.

Joshua Ellison, MD of Springfield was featured in a Feb. 5 *State Journal-Register* article about the difficult process of smoking cessation and the various options available to people who are ready to quit their tobacco use. Dr. Ellison shared his own personal struggle as a former smoker and his journey to quit.

Immediate past president **David J. Hagan, MD** of Gibson City is featured in a January 2 *Champaign News-Gazette* story where shares his joy of being a family physician in Gibson City, his hopes for family medicine's future and his thoughts on federal health care reform.

IAFP and AAFP have endorsed IAFP member **William E. Kobler, MD** of Rockford in his candidacy for the AMA Board of Trustees election this coming June.

Did you know?

Two IAFP members are running for public office.
Barbara Bellar, MD of Burr Ridge is running for Illinois Senate in the 18th District.
You can learn more about her and her priorities on her campaign web site at www.electbellar.com.
David Gill, MD is running for Congress in the 13th district. His web site is www.gill2012.com.

News You Can Use

Risk Tip
Dizzy With Gizmos: Don't Make Patients Compete for Attention with EMR

Electronic Medical Records (EMRs) are here to stay. Physician offices implementing these tools will realize their promise of efficiency, shared data, and potential for avoiding mistakes.

However, just as texting while driving raises safety concerns, physicians should be mindful of paying too much attention in the exam room to the computer screen and not enough to their patient. When a doctor fills in a computer template, it may divert attention from the patient, limit interactive conversation, and restrict creative thinking. This may depersonalize and weaken the doctor-patient relationship.

Tips to enhance your interactions:

- Avoid turning your back to the patient.
- Position the monitor so the patient can see the screen, and tell them what you're doing.
- Focus on one task at a time. If you are trying to talk while typing or type while listening, your patients may get the impression that you aren't listening.
- Know when to push the computer away, and give your full attention to the patient.

Watch your documentation; exert care when entering data in the record:

- Beware "alert fatigue"- avoid the temptation to ignore, override, or disable alerts, warnings, reminders, and embedded practice guidelines. A physician could be found liable for failing to follow an alert or a guideline that would have prevented an adverse patient event.
- Be wary of clones: copying information from previous notes and visits (known as "cloning"), or documenting by exception may result in irrelevant over-documentation. By substituting a word processor for the doctor's thoughtful review and analysis, the narrative documentation of daily events and the patient's progress may be lost.
- Auto-population: EMRs auto-populate fields in the history and physical sections and in procedure notes. While this feature may make some aspects of practice easier, erroneous or outdated information may increase liability.

Contributed by The Doctors Company. For more risk management tips, articles, and information, please visit www.thedoctors.com/knowledgecenter.The Doctors Company is a contributor to the eRisk Working Group's eRisk Guidelines. Find them at www.thedoctors.com/erisk

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